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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Michiaki Sakamoto

Examiner: Dung T. Nguyen

Serial No: 09/852,077

Art Unit: 2871

Filed: May 9, 2001

Docket: 12873A

For: LIQUID CRYSTAL DISPLAY DEVICE

Date: July 22, 2004

Conf. No.: 4429

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE


Sir:



In response to the Official Action dated April 22, 2004, Applicant respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 12, 2004.

Dated: July 22, 2004


Aasheesh V. Shravah

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 12873A	
Applicant(s): Michiaki Sakamoto						
Application No. 09/852,077	Filing Date May 9, 2001	Examiner Dung T. Nguyen	Customer No. 23389	Group Art Unit 2871	Confirmation No. 4429	
Invention: LIQUID CRYSTAL DISPLAY DEVICE						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	5 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div>						
<div style="margin-top: 20px;"> Signature</div>			Dated: July 22, 2004			
Aasheesh V. Shravah Registration No. 54,445 SCULLY, SCOTT, MURPHY & PRESSER 400 Garden City Plaza Garden City, NY 11530 (516) 742-4343 AVS:jam			<div>I certify that this document and fee is being deposited on July 22, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="text-align: center; margin-top: 20px;"> Signature</div> <div style="text-align: center; margin-top: 10px;">Aasheesh V. Shravah Typed or Printed Name</div>			
CC:						